

**ADMINISTRATION, KANSAS DEPARTMENT OF**

**Moderator: Aimee Rosenow  
November 25, 2014  
10:00 a.m. CT**

Operator: Good morning. My name is Donna and I will be your conference operator today. At this time I would like to welcome everyone to the Statewide Population Health Conference Call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you will like to withdraw your question press the pound key. Thank you.

I would now turn the call over to our host, Aimee Rosenow. Ma'am, you may begin your conference.

Aimee Rosenow: Thank you, Donna. Good morning everyone and welcome back to regularly scheduled Statewide Population Health Call. We have a very full department operation center today. I know we weren't able to get the agenda out ahead of time so I'm going to run through that real quick for everyone. We are going to have an Ebola preparedness update. We'll also hear from our Immunization Program and our STI/HIV section. We have someone here from our Bureau of Health Promotion and our Bureau of Family Health and then we'll have an update from the Center for Population Health and Local and Rural Health.

We'll follow that with the Preparedness update and then just a short reminder from myself. So with that we'll turn it over to Sheri Tubach and Carman Allen for the Ebola preparedness and response update.

Sheri Tubach: Thank you and good morning everyone. I would like to briefly provide an update on what is going on internationally with Ebola and then review some of the preparedness and response efforts that we have implemented in Kansas. The three hardest hit countries are still in West Africa and they are Sierra Leone, Guinea and Liberia with the reported total of over 15,000 cases and over 5,400 death. Mali is a new country that has been affected by Ebola with six cases and five deaths and starting on Monday, November 17th.

People that have arrived from Mali are now undergoing active monitoring and entry screening at the five U.S. airports for advanced screening is already in place. Even though these case counts are fairly low, Mali was added because of the large number of individuals that stop through and then are exposed to those cases in Mali. As a reminder persons travelling from Nigeria and the Democratic Republic of the Congo are now considered no longer risk for Ebola.

At the present time, there are no persons hospitalized in the United States that are diagnosed with Ebola and there are no person undergoing active monitoring in Kansas at the present time. The KDHE Ebola Virus Preparedness and Response Plan was updated on November 13th and can be found on the KDHE Web site. In the plan we have included flexibility for direct active monitoring in the management of persons that have travelled from the affected countries in West Africa.

KDHE still recommends conducting active monitoring for all exposure levels. This daily monitoring can occur by telephone or video conference or other telecommunication means. We recommend this so that public health officials can avoid any potential additional exposure to the Ebola virus should symptoms develop in the person undergoing active monitoring. This KDHE guideline does differ from CDC in that CDC has recommended direct active monitoring in persons with high risk or some risk of exposures.

We have updated the response plan and in some circumstances, as determined by the local health officer or by KDHE, direct active monitoring may be applied as indicated. Public health workers conducting in person direct active monitoring should minimize any potential exposure by maintaining a distance of at least three feet from the persons under monitoring and avoiding any direct hands-on patient care.

KDHE is currently being notified of all persons arriving from Ebola affected countries with the final destination in Kansas. Each traveler is screened at the five entry airports by answering questions about exposures they might have had in West Africa. They have their temperature taken and then they observed for signs and symptoms of Ebola.

If there is anybody who has the slightest symptoms of illness they are taken for a medical evaluation. If there are any individuals who are deemed to have a high risk exposure of Ebola they are not allowed to continue on to the destination city. So we don't anticipate seeing any high risk individuals actually coming back to Kansas. For those who have some risk of exposure or no known risks of exposure, we are getting an e-mail notification from the position of global migration and quarantine from CDC and we receive that on a nightly basis if we have anybody arriving.

Each individual does receive an Ebola care kit. That contains a thermometer, instructions on how to use that thermometer, a symptom log and instructions on what to do if they were to become ill including contact information for all local health departments. Once we are notified we are in turn notifying all of the local health departments and the public health actions that local health departments need to implement in order to contact the traveler. They need to perform a risk assessment and then set up a process for daily active monitoring of those persons.

A few webinars were given several weeks ago on the protocol for active monitoring and using EpiTrax to document the risk assessment and the daily content. Documents from this training on active monitoring have now been

posted on [KS-TRAIN](#). Look for course ID number [1054335](#). Additional minor corrections to the plan have been made to include revisions to the risk assessment form which is now in EpiTrax. It is quite a bit shorter than what the original risk assessment form was and there is additional guidance on waste storage and on PPE trained observers.

I know that there have been several questions and concerns about college students returning from Ebola affected countries over the holidays to start this spring semester. It is important that local public health hospitals, schools and colleges are involved in discussion and planning prior to the start of the spring semester. As mentioned previously, KDHE will be notified by CDC when the students return to Kansas and we will in turn notify the local health department, though local planning prior to January would be advised.

I know that there are many schools that would be more comfortable with students remaining home for 21 days upon returning to Kansas and while KDHE does not explicitly recommend that approach for returning students during local planning it should be discussed and decided upon. Additionally with the start of influenza season it would be prudent to ensure that these returning travelers and students have been vaccinated against influenza.

Next I would like to provide you an update on influenza activity here in Kansas. As you recall our influenza surveillance season begins October 1st and we have 36 ILINet sites this season. We have begun to report local or sporadic influence activity here in Kansas and the Kansas Health and Environmental Laboratories have tested a total of 14 specimens and four have been positive for influenza; three with type A and one with type B.

At this time last year we had no positive flu specimens. New this year, we will be testing all influenza negative specimens for other respiratory viruses using our Luminex panel, respiratory virus panel. We have tested four specimens that were influenza negative and they tested positive for rhinovirus/enterovirus. We will be updating the KDHE influenza surveillance Web site weekly. We've case counts from ILINet sites and any laboratory specimens that have tested positive for either flu or the other respiratory viruses.

I know that Mike Parsons from the Kansas Immunization Program will be speaking to you about National Influenza Vaccination Week. With the start of the influenza season usually it means the end of arboviral disease surveillance. This season we have had 49 human cases of West Nile virus in Kansas as of November 15th and we have only one positive mosquito pool affected in Sedgwick County this year. With the cold weather over the last few weeks it is really unlikely that we will see an increase in the number of cases and mosquito surveillance is completed.

Sedgwick County is hosting a conference on Mosquito Monitoring and West Nile Virus Surveillance in Kansas on Wednesday, December 10th from 8 to noon. For more information and the sign up for this conference please log on to [KS-TRAIN](#) and search for the course ID [1054240](#). The last topic I would like to cover is surveillance indicators and performance measures for EpiTrax. We are going to be analyzing this and posting on a monthly basis in our Epi Updates newsletter completeness of case investigations to really provide useful data as essential to monitor disease trends, disease severity and, with certain diseases, enable us to enact public health intervention on a rapid basis.

Also this is a way to monitor counties that maybe struggling with disease and investigations due to staffing shortages. And it is also able to provide measurements for improvements. These surveillance indicators are very similar to what we measured several years ago when our electronic disease surveillance system was Kansas (EDSS). Starting this month we will be measuring the completeness of 14 different indicator fields in EpiTrax and we will also be tracking two performance measures, percent of cases accepted within three days of public health report and percent of cases investigation completed within 14 days of public health report.

These measures will be published in the Epi Updates newsletter that will be posted later this week and that will be for cases that were reported in October. We will be publishing statewide data monthly in our Epi Updates newsletter and we are also working on sending out county level data to all our local health departments and hope to have this implemented in early 2015,

hopefully around January or February. I have just one additional announcement: The long awaited update to the very popular Kansas Classroom Handbook of Communicable Diseases is under one last final review and then we will have that posted on our KDHE Web site. I know everyone has been working very hard on updating this handbook and I think that it will be a great resource. Thank you.

Aimee Rosenow: Thank you, Sheri. And now we have Carman Allen, who is our Preparedness program director, with an update.

Carman Allen: For more information on the Ebola preparedness and response, Dr. Robert Moser, Aaron Dunkel, Charlie Hunt, Myron Gunsalus, John Mitchell and Mindee Reece are traveling today for the Southeast Kansas Regional Health Care Coalition and Ebola Preparedness Forum. Over the past week, forums were held in Olathe with 81 participants, Wichita with 100 participants, Topeka with 74 participants, Salina with 103 participants and Hays with more than 100 participants.

Leadership staff from Kansas Division of Emergency Management and the MERGE team also have participated in all of the forums. KDHE's participants have found these discussions to be very informative and are also receiving positive feedback from participants. Those sessions are being prepared and will be available on the KDHE Web site by the end of next week. The final forum will be held Garden City on December 16th.

Lastly, KDHE and the Kansas Department of Emergency Management has done an Ebola Preparedness tabletop exercise for state government to fulfill a state planning and communication between the governor's office and state agencies. The discussion was based on a scenario of having the first case of Ebola identified in Kansas and all resulting actions taken by the participating agencies. Planning is underway for another state government table top exercise that will focus on managing additional Ebola cases, patient transport and the issues surrounding Ebola related fatalities.

A hands-on donning and doffing training for healthcare providers is in development and hopefully will be ready to go later in December. More information about this will be forthcoming as soon as it's available. In addition to the request from President Obama of Congress on emergency public health preparedness funding for Ebola the American Hospital Association has made a separate request of the Congress for hospital spending to help with preparedness and response to Ebola in the U.S.

Details about what this might mean in terms of funding for Kansas are not yet known. As previously announced, KDHE will continue to provide Ebola updates as part of the regularly scheduled monthly population health conference calls. Information will be continually updated on the Ebola page on KDHE's Web site and will be distributed via the Kansas health alert network as warranted. Please continue to contact KDHE by calling the Epi hotline at 877-427-7317 or by e-mailing [response2014@kdheks.gov](mailto:response2014@kdheks.gov) with questions about Ebola preparedness and response. Thank you.

Aimee Rosenow: Thank you, Carman. Just a reminder: We will have a question-and-answer session at the end of this call. So we know you're hearing a lot of information today but if you do have any questions or want to follow up on anything, keep those ready and we'll get to those at the end of the call. Next we have a couple of people joining us from our Bureau of Disease Control and Prevention. First I'd like to introduce Mike Parsons with our Immunization Program.

Mike Parsons: Thanks, Aimee. Hello, everybody. This is Mike Parsons with the Kansas Immunization Program. I'm glad to be here with you this morning. We're going to be brief. We wanted to touch on, as Sheri mentioned, the upcoming National Influenza Vaccination Week which is going to be held December 7th through the 13th. This year it is a little bit more of a twist. We're going electronic through social media and really getting the word out through some different means.

So CDC has partnered with Google and Spotify and a whole bunch of different folks to help get the word out for flu vaccine. Again that's

December 7th through the 13th. Some of the things that are going on, and we'll have this on our Web site and we'll have it in our weekly newsletter or weekly communication called What's Happening Wednesday, but just real quick, we're having a kick-off Twitter chat on December 9<sup>th</sup>. On Thursday December 11<sup>th</sup>, we're going to have a media update that's going to address the flu and where we're at with the number of cases across the U.S. and other activities also that week.

And so we're going to launch a Google word search. So anything that is even close to flu or vaccine that you're typing in, your search will trigger flu and there will be a message reminder at the top, separate from your search, about getting vaccinated. So, that's going to be a kind of different, a unique thing. So they're really pushing social media. Then they're also running tweets @CDCflu. Just follow @CDCflu and then also we'll be working with Aimee to get out any (information). They'll also send all the providers, which would be some of you, a set of tweets that we can use during the week and we'll be sending those out through the KDHE Twitter feed.

Then also there will be PSAs playing in different ads on Spotify. So if you listen to or use Spotify, there are going to be ads that pop-up that remind you to get your flu vaccine. The reason that this week was developed is this is usually about the time where people quit getting vaccinated. They think that (flu season) is over. They think that they don't need to get vaccinated.

They created this awareness week so that you don't forget about it going into the holidays when it's really, really important. Right now going into the holidays, with people being around different people, some have been vaccinated and some have not. We're seeing some disease, some flu out there and then that can quickly, you know, spread and we'll have several more cases possibly out of the holidays. So it's very important to get your vaccines now.

It's not too late to vaccinate and we look at flu season running through July through June 30th because that's when the vaccine is good and we encourage you to get vaccinated and continue to get vaccinated if you haven't been all



the way into January and later. So we'll be promoting that. We've also updated our Web site, the [immunization Web site](#) has a banner on it, right at the side. You just click on it. (The banner) will take you to the NIVW page and they have all sorts of nice materials, free posters, a lot of good ideas and things like that.

We've updated our [flu page](#) with that same banner. So it's easy to find off of our Web site. Last thing I want to talk about is since you out there, the providers are the ones that do the work - that are in the trenches, giving the vaccines, we'd like to hear from you. So if you're doing anything during that week flu-related or if you know of anyone that's doing anything flu-related: maybe it's a drive through clinic, maybe it's clinic in your office, please send that to us and we'd like to promote it through our Web site, through the KDHE Web site, our Facebook page and then also through Twitter and we get people from all over the state to look at that. Say there's some clinic in Gregg County. So if they're in Gregg County, they may attend the event.

So anything you're doing please send to us at mparsons. So it's mparsons@kdheks.gov. Mparsons, M-P-A-R-S-O-N-S at kdheks dot gov and we'll help you out. We're doing pretty well. Last year, we distributed 86,800 doses for the season. Currently we're at 65,200 distributed. So if you look at maybe this as a half point, we're about three quarters of where we were last year. So we're doing well but we'd like to continue and make a strong push during this week. So thanks, Aimee.

Aimee Rosenow: Thank you, Mike. And for those of you who don't follow us on Twitter, you can just search our page. We're [@KDHE](#) on Twitter and, like Mike said, we'll put out quite a bit of information during that week on flu vaccination. Next we have Jennifer VandeVelde who is our STI/HIV Section Chief for an update.

Jennifer VandeVelde: Good morning. So as many of you know this Monday, December 1st is World AIDS Day and I wanted to take a minute this World AIDS Day just to kind of give you an overview of how KDHE is facing this ongoing public health challenge. For those of you who don't know, June of 1981, CDC

published a report about five young men whose immune systems were not working properly. And this is the first official reporting of what would become known as the AIDS epidemic. We've come a long way since that time with many HIV positive individuals living a relatively normal life.

However, over 30 years later we were continuing to fight towards an AIDS-free generation which coincidentally the theme for this year's World AIDS Day is Focus, Partner, Achieve: an AIDS-free generation. So KDHE approaches that ongoing public health issue in a variety of ways. First we work in collaboration with many of you, our public health partners, to offer no or low cost HIV testing to at-risk populations.

During calendar year 2013, nearly 20,000 tests were performed with 44 newly diagnosed cases identified. This World AIDS Day, December 1st, many of our public health partners are providing special testing events and I encourage everyone to look at KDHE press release for more information on those events. Secondly we provide partners resources. Again this is in collaboration with our public health partners and new individuals who are newly diagnosed with HIV.

In calendar year '13 we interviewed 116 individuals and identified 21 new HIV infections. In addition to this, and perhaps more importantly, 675 at-risk individuals were tested and provided risk reduction interventions that are proven to be effective hopefully reducing the risk that they will eventually be infected with HIV. Third we provide medical care, drug assistance and medical case management services for just over 1,500 (Kansans) for the (Right to Life) part B and AIDS (Start Up Assist) program.

These individuals would not otherwise be able to afford medical care or medications for their infection. This is obviously good for them personally but it's also good for public health. Recent data indicates that individuals actively engaged in medical care undetectable virus are less likely to pass the infection to others. Despite our best efforts, we continue to see over 200 newly diagnosed infections each year in the state of Kansas and we have over 2,300 individuals living in Kansas with HIV.

So with the information those engaged in medical care are less likely to pass the infection to others, this year on World's AIDS Day, we've initiated a new program called Not in Care in Kansas or NIC Program. This program identifies individuals who are not actively engaged in medical care and attempt to re-engage them. This is an exciting new program because, in theory, if we can assure that all HIV positive persons actively engage in medical care, we could, again in theory, help fight HIV within the state.

This new program will be something that we will be working with all of you, our public health partners, with to make a success. As I look back at the ways in which we have faced the HIV epidemic in Kansas, the common thing among all of our initiatives is that they really do require collaboration with public health partners in order to be successful. We'd like to take just a minute to thank you all for everything you've done and will continue to do in our fight against HIV.

As always if you have any comments or suggestions for the STI or HIV program, please don't hesitate to contact our offices anytime.

Aimee Rosenow: OK. Thank you, Jennifer. Like Jennifer said, we are going to be sending out a press release regarding World AIDS Day. Look for that to be out tomorrow morning. You will be able to find that on our [News tab](#) on the KDHE homepage. OK. So next we have Ginger Park with our Bureau of Health Promotion.

Ginger Park: Thanks, Aimee. We wanted to make sure everyone was aware that the 2013 Kansas behavioral risk factors surveillance system, state and local data was recently released online. So more than 20,000 adults (in Kansas) participated in the 2013 survey which gave us a sample large enough to provide reliable information for 42 of the 105 counties and for all 16 public health preparedness regions in the state.

As you're probably aware, the (Bureau of Health Promotion) provides data on a wide range of health issues including information related to access to

healthcare, chronic and infectious diseases, clinical preventive services, environment quality, infant and child health, injury and violence, maternal health, mental health, nutrition, physical activity, obesity, oral health, substance use and tobacco use.

So there is a lot of valuable data there and we encourage you to look at what is happening both in the state and at the local level. This is available online at ([kdheks.gov/brfss](http://kdheks.gov/brfss)). Another online resource, I wanted to make sure you're aware of, is that we recently posted an updated version of the state health assessment and improvement plan and this is posted at [healthykansans2020.com](http://healthykansans2020.com). And so this is the plan that many of you contributed to with these regional health meetings when we looked at how local priorities align with our objectives. So please reference it (clean). We're going to be developing (robust tasking). Thanks, Aimee.

Aimee Rosenow: Thank you, Ginger. Next we have several representatives from our Center for Population Health and first we'll hear an update from (Sara Roberts).

Sara Roberts: Good morning, all. I'd like to announce an opportunity for grant funding through the Federal Office of Rural Health Policy. It is the rural health network development planning program. This guided to us release in early November. The deadline for those applications to HRSA is January 9th, 2015. The goal – the purpose of this grant is to provide targeted assistance in planning and development of integrated healthcare network.

So it will provide one year of support for the planning with the primary goal of healthy networks create a foundation for their infrastructure and focusing member efforts to address important regional and local community health. For this program we are defining Rural Health Networks as an organizational arrangement among at least three separate regional or local healthcare providers that come together to develop strategies for improving health services delivery systems in the community.

And in the grant, the applicant would be expected to support one of the following specific aims. And one is around identifying ways to achieve better

system efficiencies and prove regional or local rural health care services. And two, it's focused on ways to build a capacity and a network infrastructure that enables entities to coordinate care and increase access to care for rural communities. Aim three would be a focus on ways to enhance community and partnership relationships to promote involvement and participation in network planning activities.

We sent out an announcement through our Kansas rural health information service and early November with this announcement we will be resending another announcement with a one-page overview of this grant following the Thanksgiving holiday. For those interested in this grant this will provide a one-year funding, the (receiving) amount that you can apply for is \$100,000 for the one year. The lead applicant must be an (organization) in a rural area and that is defined as not being located or being located in a non-metropolitan county or a rural business track of the metropolitan county but also this must mostly reside in a non-metropolitan county or rural community.

For more information about eligibility and the geographic requirement, you can contact our office and we can look through the resources online to determine your eligibility. You can e-mail our office at [ruralhealth@kdheks.gov](mailto:ruralhealth@kdheks.gov). The second requirement for eligibility is that organization needs to be a non-profit organization or a covered entity, state based and community based organizations would be eligible to apply but for-profit or urban-based organizations would not be eligible.

So again it must be in a rural area defined by being in a non-metropolitan area or a rural business track in a metropolitan county, we can assist you and help identify if you're eligible. The second eligibility is simply to be a public or a non-profit entity. For more information we will be sending out another KRHS announcement in early November or you can go today. We'll send the information with the transcript or you can also go to the archive list of the KRHS announcement available on our webpage. This is probably the older announcement.

Aimee Rosenow: Thank you, Sara. And the next update is from Cristi Cain.

Cristi Cain: Good morning. I just wanted to give you a brief update about the Kansas Public Health Workforce Assessment which you all participated in. We had a total response rate of 78 percent with 1,780 respondents. We were very pleased with the participation rate and we appreciate everything you did to promote the assessment throughout your local health departments. The health department employees had a 66 percent response rate. We did testing with small, medium and large health departments as well as with KDHE employees. Twenty-seven health departments had a 100 percent participation rate, 49 had a 75 percent or above participation rate, 69 had a 50 percent or above participation rate and 96 percent of health departments had at least one participant who took the assessment.

We're currently in the process of conducting analyses and developing reports which will include a report for the entire state workforce, a KDHE specific report and local health department reports. Any local health departments which have less than 10 employees will have reports that are combined regionally to protect confidentiality. So if any of you are interested in obtaining your raw data I am happy to provide that to you or if you have a specific date by which you need your reports, please contact me. My name is Cristi Cain and my e-mail address is ccain@kdheks.gov or call me at 785-296-3641. Thanks.

Aimee Rosenow: Thank you, Cristi and now we'll hear from Jane Shirley with Center for Population Health.

Jane Shirley: Thanks, Aimee. I have an announcement that I wanted to share with all of you to let you know that our local consolidated grand application and reporting system is moving to an all electronic online system that is called Catalyst. All programs here at KDHE are in the process of building their applications in the system right now and they plan to have that all completed by December 1st. At that time the catalyst staff will be conducting testing throughout the first couple of weeks in early December.

At this time we're planning a meeting on December 15th in Topeka and by webinar when we will be giving a sneak peak to the locals to the system in Catalyst Invitations to that event will be extended to the Kansas Association of Local Health Departments (KALHD) staff and board members as well as to the Kansas Association for the Medically Underserved (KAMU) staff and board members. This will give them the opportunity to take a look and give us some feedback on the system and catalyst. We expect to be on schedule to open grant applications for the local system on January 15th as we usually do.

Be watching for additional announcements as well as training modules and other materials to be coming out through December. Any questions about the project can be directed to me, Jane Shirley, that would be [jshirley@kdheks.gov](mailto:jshirley@kdheks.gov). Thanks, Aimee.

Aimee Rosenow: Thanks, Jane and now we'll hear from Heather Smith who is with our Bureau of Family Health.

Heather Smith: Hello. The Bureau of Family Health and the special health community program will be travelling to nine communities across the state to learn from families, community and health partners, school professionals and any other members of the community that are interested in the health of Kansas children. We will be going through those nine communities and we will hold two meetings in each location; one in the afternoon and one in the evening.

All meeting locations and an online RSVP are available on our Web site at [kdheks.gov/fhcn/meeting](http://kdheks.gov/fhcn/meeting) and then we'll send that out in the minutes. This is really an opportunity for families and partners to share information and experiences and ideas about how the maternal child health programs in our state can improve supports and services within our communities. Our ultimate goal is to improve the health of Kansas children and adolescents including those with special healthcare needs and disabilities through partnerships with families and communities.

This is part of the 20-20 (Title IV) maternal and child health program, needs assessment or state plan. We are required to develop a state plan every five

years. The maternal child health program is a key funding source. That's how we provide maternal and child health services in our state. For more information about these meetings, again visit our Web site or you may contact me Heather Smith, hsmith@kdheks.gov. Thank you, Aimee.

Aimee Rosenow: Thank you, Heather. We'll also be sending out some regional news releases about these meetings which begin starting in December and run through February. Be looking for that information throughout that timeframe. Our next update will come from the Preparedness Program.

Jamie Hemler: Thanks, Aimee. Good morning everyone. I will just reiterate a few of the items that were in last weeks' preparedness update. The first point I want to make is in regard to working with the community partners when planning and exercising. We also need to include our local sanitarians and environmental health workers at the table as they also need to be in the loop with all local roles and responsibilities during a response.

The second point is the local health representation that we have in our capability work sessions for the capability plan as part of the annual grant application. Each of the seven regional hospital coordinators serve on one or more of the HPP capabilities as we plan for projects or sustainment activities each year. We have a few public health representatives identified but not as many as I would like to have. So if you are interested in joining us in brainstorming discussion for developing the public health capabilities please let me know and I will make sure you are included. This could be in-person with us at KDHE or via conference call. The capability focus for the state level for budget period 3 will be rounding our way back to Community Preparedness, Community Recovery, and Emergency Operations Coordination. So there is a possibility that we could be looking into COOP planning for capability 2 or take a look at how we can further community preparedness efforts. The local level is focusing on Fatality Management, Mass Care, and Responder Safety and Health.

And in regard to the upcoming grant year we receive a heads up that we may be getting our grant guidance at the beginning of February with the



application due in April rather than our previous March to May timeframe that we are accustomed to. So it is a possibility we'll have those capability work sessions in the month of February this coming year.

The federal packaging and shipping training that is noted on the local public health work plans has been updated. The course number for this training is 1048174. Again that's 1048174. If you have already started this course please complete it today if possible otherwise it will expire tomorrow and will no longer be available. You will just need a register for the new course and take that one. If you have already completed this course no further action is required on your part.

And for a staffing update, we will be interviewing candidates for the Operations Specialist position tomorrow. So we hope to have somebody on board soon.

Aimee Rosenow: OK. Thank you, Jamie. I just have one quick reminder before we get to question and answers. As it was announced early in the month, Dr. Robert Moser has resigned as Secretary and State Health Officer with Kansas Department of Health and Environment. We just want to take a moment to thank him and wish him well in his future endeavors and it's been just an honor to work with him. Beginning December 2nd our interim secretary, Dr. Susan Moser, will began taking on those responsibilities and we very much look forward to working with her. So at this time we would like to open it up for the question-and-answer session.

Donna do we have any questions at this time?

Operator: Yes, ma'am. At this time I would like to remind everyone in order to ask a question please press star followed by the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster. At this time there are no questions.

Aimee Rosenow: OK. Thank you, Donna. As a reminder this call will be – the transcripts will be placed on our [local health page](#) on the KDHE Web site. We will be holding

our next state wide population health call on December 23rd at 10am. So again thank you everyone for joining us today and we'll talk to you next month.

Operator: This concludes today's conference call. You may now disconnect.

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